

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

Felix Lopez  
572 John Ross Parkway  
Suite 107  
Rock Hill, SC 29730

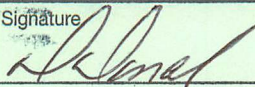
## 2. Article Number

(Transfer from service label)

7012 3460 0001 9232 6912

## A. Signature

X

☒ Agent☐ Addressee

## B. Received by (Printed Name)

D DOMAHUE

## C. Date of Delivery

## D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

## 3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☐ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

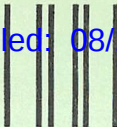
## 4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE

NC 282

15 AUG '14

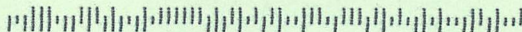


First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

PM 31

- Sender: Please print your name, address, and ZIP+4 in this box •

The Office of the Clerk  
U.S. District Court, N.D. Ohio  
Carl B. Stokes U.S. Court House  
801 West Superior Avenue  
Cleveland, OH 44113



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

United Receivables Group, LLC  
c/o National Corporate Research  
LTD  
904 Master Drive  
Galloway, OH 43119

2. Article Number

(Transfer from service label)

7012 3460 0001 9232 6561

COMPLETE THIS SECTION AND DELIVERY

A. Signature

X

*Amy Aaron*

☐ Agent

☐ Addressee

B. Received by (Printed Name)

*Amy Aaron*

C. Date of Delivery

*8-14-14*

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

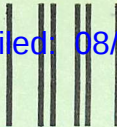
4. Restricted Delivery? (Extra Fee)

☐ Yes

COLLIER

15 AUG '14

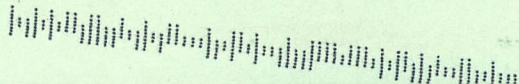
PM 2:1



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

The Office of the Clerk  
U.S. District Court, N.D. Ohio  
Carl B. Stokes U.S. Court House  
801 West Superior Avenue  
Cleveland, OH 44113





1.14CV1739

Case: 1:14-cv-01739-DCN Doc #: 3

Filed: 08/19/14 9:09 PageID #: 35

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Angel W. Lopez  
572 John Ross Parkway  
Suite 107  
Rock Hill, SC 29730

2. Article Number

(Transfer from service label)

7012 3460 0001 9232 6929

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X 

☒ Agent

☐ Addressee

B. Received by (Printed Name)

D DONAHUE

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

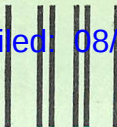
4. Restricted Delivery? (Extra Fee)

☐ Yes

UNITED STATES POSTAL SERVICE

NC 282

15 AUG '14



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

PM 31

- Sender: Please print your name, address, and ZIP+4 in this box •

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Cleveland, OH 44113

